

From: Letourneau, Amanda </O=CVSCAREMARK/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=ADUBOIS1>
To: Harrington, Nicole J.
CC: Nelson, Angela; Travassos, Michelle L.
Sent: 4/17/2018 5:29:06 PM
Subject: Documentation pilot outline
Attachments: 2018.4.5_Opioid Therapy Review for Prescribers.docx; 2018.4.17_Controlled Substance Therapy Review Checklist.docx; 2018.4.17_Controlled Substance Therapy Review Checklist_all patients.docx; 2018.4.17_Documentation timeline.pptx

Hi Nicci-

Here is the timeline of next steps Michelle and I came up with for the documentation pilot.

Attorney-Client Privilege

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In addition, we updated the regular patient every 6 months parameter to say check regular patients in May and November to make it easier to remember and not rely on pharmacist to figure out how long it's been. We decided May since we will roll this out to DLs on Friday and then to stores next week, April is almost over.

Also, we selected 1 entire district to use the drug only parameters (12 stores) and everyone else will get drug and patient parameters to keep it easy to monitor.

Please let me know if you have any questions or feedback. Do we need to get this approved by anyone else or do we have the blessing to launch? We are aiming for Friday J

Thanks!

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Supplemental Prescriber Outreach

Patient Name: _____

DOB: _____

Drug: _____

Prescriber: _____

Phone: _____

 Pharmacist: _____
(print name)

Utilize and fill out this form to facilitate your discussion with the prescriber.

Drug Related Inquiry:	<input type="checkbox"/> Total daily opioid dose \geq 90 morphine milligram equivalents (MME) <ul style="list-style-type: none"> Talking points: CDC guidelines state higher dosages of opioids are associated with higher risk of overdose and death. Higher dosages haven't been shown to reduce pain over the long term. <input type="checkbox"/> Conflicting concurrent therapy <ul style="list-style-type: none"> Talking points: FDA outlines use may result in profound sedation, respiratory depression, coma or death <input type="checkbox"/> Lack of diagnosis for therapy <input type="checkbox"/> Third party/state regulation limitation on initial quantity prescribed
Diagnosis codes on file:	
Description of current situation:	
Questions to guide your discussion with the prescriber:	<input type="checkbox"/> Is therapy appropriate for disease state? <input type="checkbox"/> Does the prescribing medication match the prescriber's scope of practice? <input type="checkbox"/> Is there a potential to reduce the opioid and/or benzodiazepine dose? <input type="checkbox"/> Is it appropriate to change the therapeutic agent? <input type="checkbox"/> Other

Additional information provided through prescriber conversation:

Diagnosis Code(s)/ICD-10:	
Treatment Plan (Please provide details):	<input type="checkbox"/> Pursue titration as tolerated: _____ <input type="checkbox"/> Continue current regimen: _____ <input type="checkbox"/> Prescribe alternative medication (please send in new Rx): _____ <input type="checkbox"/> Other: _____
Additional Information:	
After completing my review and discussions with the prescriber, I am choosing to: <input type="checkbox"/> Fill this Rx (attach this document to Rx) <input type="checkbox"/> Refuse to fill this Rx (place this document in binder) Pharmacist Signature: _____	



Documentation of Controlled Substance Review

Patient Name: _____

Date: _____

DOB: _____

Pharmacist on duty: _____

Prescription Number: _____

(print name)

You must exercise corresponding responsibility and appropriately document your efforts before dispensing any controlled substance. In the below circumstances, this form will assist you in documenting your work.

Please select the prescription and patient review type:

MEDICATION:

- ☐ Oxycodone
☐ Hydrocodone
☐ Morphine

☐ Hydromorphone☐ Methadone☐ Other: _____

AND

PATIENT:

- ☐ New to CVS
☐ New to therapy
☐ Check regular patients in May + November
☐ Other: _____

Complete the form below to support your professional evaluation of the prescription

Prescriber Data Entry Accuracy	Does the prescriber on the hardcopy match the prescriber selected in RxConnect? <input type="checkbox"/> Yes <input type="checkbox"/> No
Relevant Diagnosis Code(s)/ICD-10	
Calculate daily MME	Total Daily MME = _____ <input type="checkbox"/> Evaluate if Naloxone is appropriate adjunct therapy
PMP confirmation <i>Confirm proper evaluation and receipt of PMP documentation has occurred</i>	<input type="checkbox"/> Yes; printed, signed + attached to hardcopy <input type="checkbox"/> No, please explain
Review patient profile and PMP for the following red flags* and check all that apply	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Cash and insurance <input type="checkbox"/> Distance <input type="checkbox"/> Only Controls <input type="checkbox"/> Multiple prescribers <input type="checkbox"/> Other: _____ </div> <div style="width: 48%;"> <input type="checkbox"/> Multiple pharmacies <input type="checkbox"/> Opioid, Benzo, Carisoprodol – DO NOT FILL <input type="checkbox"/> Other cocktail combinations <input type="checkbox"/> Large quantity <input type="checkbox"/> High Dose </div> </div> Document resolution to red flag(s):
Outreach to the prescriber for additional information to resolve red flags	<input type="checkbox"/> I contacted the prescriber's office and spoke to _____ <input type="checkbox"/> I did not contact the prescriber because there are no red flags present <input type="checkbox"/> I did not contact the prescriber because _____ Document substance of discussion with prescriber below and in patient profile
I attest that I understand and have exercised Corresponding Responsibility in connection with this prescription and I have documented appropriate information on this form. After completing my review, I am choosing to: <input type="checkbox"/> Fill this Rx (attach this document to Rx) <input type="checkbox"/> Refuse to fill this Rx (place this document in binder)	
Pharmacist Signature: _____	

*This is not reflective of a complete list of red flags



Documentation of Controlled Substance Review

Patient Name: _____

Date: _____

DOB: _____

Pharmacist on duty: _____

Prescription Number: _____

(print name)

You must exercise corresponding responsibility and appropriately document your efforts before dispensing any controlled substance. In the below circumstances, this form will assist you in documenting your work.

Please select the prescription type:

MEDICATION:☐ Oxycodone☐ Hydromorphone☐ Hydrocodone☐ Morphine☐ Methadone☐ Other: _____

Complete the form below to support your professional evaluation of the prescription

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Pharmacist Signature: _____	

*This is not reflective of a complete list of red flags

Timeline of documentation review pilot rollout

Details	Completion Date
Call with DLs + DPPLs to roll out alpha pilot to 42 stores <ul style="list-style-type: none"> - CA (25), IL (9) locations close to independents - High MME stores (8) - Luan Nguyen entire district (12) receive all drug version - All others receive drug/patient version 	4/20/18
Send email after call to include <ul style="list-style-type: none"> - Directional information and checklist - "The Storm" - Soma taper guidelines 	4/20/18
PPT conduct local time studies in collaboration with workforce team <ul style="list-style-type: none"> - Understand current verification time 	4/27/18
Follow up call with field to understand wins and opportunities	5/4/18 + 5/11/18
Incorporate feedback from field/stores, obtain legal approval	5/21/18
Call with DLs + DPPLs to roll out beta pilot to 181 stores <ul style="list-style-type: none"> - D1R1 = 167 stores across MA, ME, NH core locations - D1R94 = 14 stores across ME, NH Target locations 	5/25/18
Follow up call with field to understand wins and opportunities	6/8/18
Update and roll out to chain with ancillary job aid	6/22/18

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